

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET

SERIAL NO.

FILED DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT	
	IND	DEP	IND	DEP	IND	DEP
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						
11						
12						
13						
14						
15	1					
16						
17	1					
18						
19	1					
20						
21						
22						
23						
24						
25						
26						
27						
28						
29						
30						
31						
32	1					
33	1					
34						
35	1					
36						
37						
38						
39						
40						
41						
42						
43						
44						
45						
46						
47						
48	1					
49						
50	1					
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						

	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT	
	IND	DEP	IND	DEP	IND	DEP
51						
52						
53						
54						
55						
56						
57						
58						
59						
60						
61						
62	1					
63						
64	1					
65						
66						
67						
68						
69						
70						
71						
72						
73						
74	1					
75						
76	1					
77						
78						
79						
80						
81						
82						
83						
84						
85						
86						
87	1					
88						
89	1					
90						
91						
92						
93						
94						
95						
96						
97						
98						
99						
100						
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						